

**CHULA VISTA POLICE DEPARTMENT
HOLISTIC HEALTH PRACTITIONER/MASSAGE TECHNICIAN
RENEWAL APPLICATION**

NAME: _____

Last First M

Name of Pawnshop: _____

ADDRESS: _____

HOME #: _____ WORK #: _____

EMAIL ADDRESS _____

CRIMINAL CONVICTIONS IN THE PAST 12 MONTHS: YES _____ NO _____
(If yes, please list on back side of this application)

EXPIRATION DATE OF PERMIT: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ CDL #: _____

WEIGHT: _____ HEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____ AGE: _____

- \$30.00 renewal fee payable to the City of Chula Vista.
- One 2x2 photo taken in the last six months.
- Certificate for 12 hrs of continuing education.
- National Certification.
- Copy of City of Chula Vista Business License

If permit is EXPIRED MORE THAN TWO WEEKS, a Police Controlled License application must be submitted with proper fees.

YOU MAY NOT OPERATE IN THE CITY OF CHULA VISTA WITHOUT A VALID POLICE CONTROLLED LICENSE/PERMIT.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

SIGNATURE: _____ DATE _____

FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION.

ALL FEES ARE NON REFUNDABLE.

Please contact (619) 691-5244 to make an appointment to turn in application or if you require additional information.